

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	28/07/2020 10:52
Date Of Accident	13/07/2020 15:45
Exact Location Of Accident	PUNGGOL CENTRAL ROAD TOWARDS PUNGGOL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN7127C
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Insured/Policyholder

Name Of Registered Owner	MONZONE AIR-CONDITIONING PTE LTD
Co Reg No	200102928W
Email Address	LEENING@MONZONE-AIRCON.COM
Mobile Phone No	
Alternative Phone No	OFFICE-88938380

Vehicle Particulars

Manufacturer	HINO
Model	HINO XZU710R-HKFMS3

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? YES

If No, Please state action to be taken

Vehicle Category	COMMERCIAL VEHICLE
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Insurance Company

Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0023776-MVA
Cover Note Number	

Driver

Name of Driver	MUHAMMAD SYUKRI BIN NOORDIN
NRIC No	S9400908A
Date Of Birth	02/01/1994
Occupation	OUTDOOR
Date Of Driving Pass	21/04/2014
Driving Experience	6 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88938380
Fax Number	
Contact Number	
Email Address	SYUKRI_SYUK@HOTMAIL.COM

Address	BLK 642, ANG MO KIO AVE 6, #09-4895
Postcode	560647
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8775J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	97313011
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

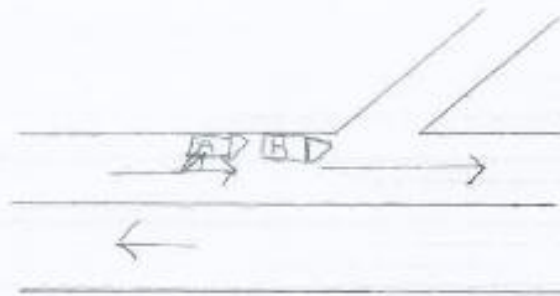
NRIC/FIN No.:

Please note that you might be able to submit an Own Damage Claim under own policy within 14 days.

☒ Claim Own Damage ☐ Claim TP ☐ Reporting Only ☐ Claim OD/TP at other workshop

Sketch Plan #2

SKETCH PLAN



A-YN7127C
B-SHC8775J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I wanted to turn left the the taxi from the middle of the road saw a passenger on the road and just stop to pick up after stoping fully the he turn his hazard light on by then my lorry hit his back and the accident happen

I wanted to turn left, the taxi from the middle of the road saw a passenger on the road and just stop to pick up after stopping fully he turn his hazard light, by then my lorry hit his back and the accident happen.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

QBE Insurance (Singapore) Pte Ltd

A member of the worldwide QBE Insurance Group - Unique Entity No. 198401363C

1 Raffles Quay, #29-10 South Tower, Singapore 048583
 Tel: 65-6224 6633 Fax: 65-6533 3270
 GST Registration No.: M200644018
www.qbe.com.sg

TAN INSURANCE BROKERS PTE LTD
 340, Market Street, Chuan Leen Building
 Singapore 100303
www.tib.com.sg
 Tel: (65) 6742 8783 Fax: (65) 6742 8589

**Certificate of Insurance**

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULE, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No. **8-V0023776-MVA** Account Name **TAN INSURANCE BROKERS PTE LTD** MCI Type **MZ400**

- 1 Index Mark and Registration Number of Vehicle or Chassis No: **YN7127C**
- 2 Name of Policyholder **MONZONE AIR-CONDITIONING PTE LTD**
- 3 Effective date of Commencement of Insurance for the purpose of the Regulations 29/08/2019
- 4 Date of Expiry 28/08/2020
- 5 Person or Classes of Person entitled to drive*

Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from the driving the Motor Vehicle

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage

- 6 Limitations as to use*
 - Use for the carriage of passengers or goods in connection with the Policyholder's business.**
 - Use for social domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired.**
 - The Policy does not cover:-**
 - (1) Use for racing pace-making reliability trial or speed testing.
 - (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle
 - (3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.
- 7 Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risk and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia) are not to be included under these headings

Hire Purchase : HONG LEONG FINANCE LIMITED

QBE Insurance (Singapore) Pte Ltd

Date of Issue: 25/09/2019

Authorized Signature

LOST DL REPORT



**SINGAPORE
POLICE FORCE**



F/20200727/7052

2 of 2

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. F/20200727/7052

1	Licence	Lost	Qualified Driving Licence			1		
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Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

F / Ang Mo Kio Police Divisional Investigation Branch
SHAHRIZAL BIN ABDOL SALAM
Contact No.: 64845219

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

27/07/2020 17:42

Classification Of Case:

FUPO hotline number: 68429645

LOST DL REPORT



**SINGAPORE
POLICE FORCE**



F/20200727/7052

1 of 2

POLICE REPORT (NP322)

Report No. F/20200727/7052

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 27/07/2020 17:42	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD SYUKRI BIN NOORDIN	Address APT BLK 647 ANG MO KIO AVENUE 6 #09-4895 SINGAPORE 560647	
ID Type / ID No. NRIC NO / S9400908A	Contact No. Home/Office:	Mobile: 88938380
Nationality SINGAPORE CITIZEN	Email Address syukri_syuk@hotmail.com	
Occupation	Sex Male	Age 26
	Date of Birth 02/01/1994	Race Malay
Institution/School Name	Language English	
Date/Time Of Incident 02/07/2020 13:25 - 27/07/2020 00:00	Location Of Incident APT BLK 647 ANG MO KIO AVENUE 6 #09-4895 SINGAPORE 560647	

Brief details.

I am a delivery driver so i use it to go in and out of malls for the save entry .. i must have drop it
somewere without realizing.

Property Information								
S/N	Item	Type	Brand	Model	Serial No/ IMEI No	Quantit y	Value	Description
Signature Of Officer Recording The Report:					Signature Of Informant:			
Not applicable					The identity of the person making this report has been authenticated by SingPass. No signature is required.			
Signature Of Interpreter:					Date/Time:			
Not applicable					27/07/2020 17:42			
Officer In-Charge Of Case:					Classification Of Case:			
F / Ang Mo Kio Police Divisional Investigation Branch SHAHRIZAL BIN ABDOL SALAM Contact No.: 64845219								
Authentication Stamp					FUPO hotline number: 68429645			

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



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Accident Photo





Accident Photo

